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Form <b>990</b>  Department of the Treasury Internal Revenue Service	<b>Return of Organization Exempt From Income Tax</b>  <b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)</b>	OMB No 1545-0047
	The organization may have to use a copy of this return to satisfy state reporting requirements	<div> <div>2009</div> <div>Open to Public Inspection</div> </div>

<b>A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009</b>				
<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>Please use IRS label or print or type. See Specific Instructions.</b>	<b>C</b> Name of organization INTERNATIONAL UNION OF BRICKLAYERS & ALLIED CRAFTWORKERS		<b>D</b> Employer identification number 53-0038250
		Doing Business As		<b>E</b> Telephone number (202) 783-3788
		Number and street (or P O box if mail is not delivered to street address) 620 F STREET NW	Room/suite	<b>G</b> Gross receipts \$ 49,870,484
		City or town, state or country, and ZIP + 4 WASHINGTON, DC 20004		
	<b>F</b> Name and address of principal officer HENRY KRAMER 620 F STREET NW WASHINGTON, DC 20004		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)  <b>H(c)</b> Group exemption number ▶ 0133	
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c) ( 5 ) ◀ (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
<b>J Website:</b> ▶ www.bacweb.org				
<b>K</b> Form of organization <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input checked="" type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation 1865	<b>M</b> State of legal domicile DC	

Part I		Summary		
Activities & Governance	1	Briefly describe the organization's mission or most significant activities SEE SCHEDULE O		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	
	5	Total number of employees (Part V, line 2a)	5 25	
	6	Total number of volunteers (estimate if necessary)	6	
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b 425,921	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	39,241,387	33,238,370
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	848,304	251,881
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	9,063,104	8,523,657
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	49,152,795	42,013,908
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,560,112	1,726,460
	14	Benefits paid to or for members (Part IX, column (A), line 4)	2,344,875	2,326,503
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	24,336,337	24,811,317
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) <sup>0</sup>		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	18,639,626	15,438,140
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	47,880,950	44,302,420
19	Revenue less expenses Subtract line 18 from line 12	1,271,845	-2,288,512	
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	107,998,441	104,484,601
	21	Total liabilities (Part X, line 26)	45,866,377	49,272,747
	22	Net assets or fund balances Subtract line 21 from line 20	62,132,064	55,211,854

<b>Part II</b>		<b>Signature Block</b>	
<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge		
	 _____		2010-05-13 Date
	 HENRY KRAMER SECRETARY-TREASURER Type or print name and title		
<b>Paid Preparer's Use Only</b>	Preparer's signature 	Date	Check if self-employed <input checked="" type="checkbox"/> 
	Firm's name (or yours if self-employed), address, and ZIP + 4 	CALIBRE CPA GROUP PLLC 1850 K STREET NW WASHINGTON, DC 20006	
		EIN  Phone no  (202) 331-9880	











**1** Briefly describe the organization's mission

SEE SCHEDULE O

Form **990** (2009)

Part IV

Checklist of Required Schedules

		Yes	No				
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> . . . . .	1	No				
2	Is the organization required to complete Schedule B, Schedule of Contributors? . . . . .	2	No				
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> . . . . .	3	No				
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i> . . . . .	4					
5	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i> . . . . .	5	No				
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>  . . . . .	6	No				
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i> . . . . .	7	No				
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>  . . . . .	8	No				
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>  . . . . .	9	No				
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>  . . . . .	10	No				
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.</i> . . . . . 	11	Yes				
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>						
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>						
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>						
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>						
	◆ Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>						
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X.</i>						
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i> 	12	No				
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <table><tr><td>Yes</td><td>No</td></tr><tr><td>12A</td><td>Yes</td></tr></table>	Yes	No	12A	Yes		
Yes	No						
12A	Yes						
	<i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i> . . . . . 						
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	No				
14a	Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	14a	Yes				
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i> . . . . . 	14b	Yes				
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? <i>If "Yes," complete Schedule F, Part II</i> . . . . . 	15	Yes				
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? <i>If "Yes," complete Schedule F, Part III</i> . . . . . 	16	No				
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17	No				
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> . . . . .	18	No				
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> . . . . .	19	No				
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> . . . . .	20	No				

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i> . . . . .	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	35		No
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No	
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable . . . . .	1a	110		
		1b	0		
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			1c	Yes	
2a	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .				
	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return . . . . .	2a	255		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			2b	Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .			3a	Yes	
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .			3b	Yes	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .			4a	Yes	
b If "Yes," enter the name of the foreign country CA See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts					
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .			5a		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . .			5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? . . . . .			6a	Yes	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .			6b	Yes	
7 Organizations that may receive deductible contributions under section 170(c).					
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .			7a		
b If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .			7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .			7c		
d If "Yes," indicate the number of Forms 8282 filed during the year . . . . .			7d		
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .			7e		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .			7f		
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . .			7g		
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .			7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .			8		
9 Sponsoring organizations maintaining donor advised funds.					
a Did the organization make any taxable distributions under section 4966? . . . . .			9a		
b Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .			9b		
10 Section 501(c)(7) organizations. Enter					
a Initiation fees and capital contributions included on Part VIII, line 12 . . . . .			10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			10b		
11 Section 501(c)(12) organizations. Enter					
a Gross income from members or shareholders . . . . .			11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .			11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year			12b		

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . . . . .	1a	5	
b	Enter the number of voting members that are independent . . . . .	1b	0	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .	5		No
6	Does the organization have members or stockholders? . . . . .	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body? . . . . .	8a	Yes	
b	Each committee with authority to act on behalf of the governing body? . . . . .	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	9		No

Section B. Policies

(This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates? . . . . .	10a	Yes	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . . . .	10b	Yes	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990 . . . . .			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	12c	Yes	
13	Does the organization have a written whistleblower policy? . . . . .	13		No
14	Does the organization have a written document retention and destruction policy? . . . . .	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official . . . . .	15a	Yes	
b	Other officers or key employees of the organization . . . . .	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions )			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .	16b		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ JAMES BOLAND 620 F STREET NW WASHINGTON, DC 20004 (202) 783-3788

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization’s tax year Use Schedule J-2 if additional space is needed

- List all of the organization’s **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization’s **current** key employees See instructions for definition of "key employee "
- List the organization’s five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization’s **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization’s **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors , institutional trustees , officers , key employees , highest compensated employees , and former such persons

☐ Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN J FLYNN PRESIDENT	40 00	X		X				314,611	0	138,176
JAMES BOLAND SECRETARY/TREASURER	40 00	X		X				280,653	0	131,430
KEN LAMBERT EXECUTIVE VICE PRESIDENT	40 00	X		X				248,966	0	124,685
HENRY KRAMER EXECUTIVE VICE PRESIDENT	40 00	X		X				246,505	0	124,685
GERARD SCARANO EXECUTIVE VICE PRESIDENT	40 00	X		X				249,442	0	124,685
RAYMOND KEEN IU REG REP	40 00	X		X				195,031	0	68,095
BRIDGET O'CONNOR GEN COUNSEL	40 00				X			194,598	0	85,420
MICHAEL SPARROUGH ASST TO PRES	40 00				X			203,375	0	86,425
DONALD NEWTON DIR ORGANIZING	40 00					X		159,700	0	60,524
EILEEN BETT ASST PRES RES & ANAL	40 00					X		154,711	0	66,496
WILLIAM NIX IU REG REP	40 00					X		146,747	0	64,073
JENNIFER PENOSO DIR FIN MGT	40 00					X		181,759	0	79,726
TOM TINDALL CHIEF PILOT	40 00					X		170,254	0	74,235



## Part VII

<b>1b Total</b>	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	▶	2,746,352	0	1,228,655
-----------------	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	-----------	---	-----------

**2** Total number of individuals (including but not limited to those listed in Item 1) who received or accrued more than \$100,000 in reportable compensation from the organization. 13

		Yes	No
<b>3</b>	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>3</b>	No
<b>4</b>	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>4</b>	Yes
<b>5</b>	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .	<b>5</b>	No

## Section B. Independent Contractors

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
ALLEN BATES TECHNOLOGIES 600 MCKNOGHT PARK DRIVE PITTSBURG, PA 15237	PROF CONSULTANT	265,878
G S B Communications 4350 North Fairfax Drive Arlington, VA 22203	PROF CONSULTANT	207,257
CORPORATE BUSINESS SOLUTIONS INC 840 LINDEN CIRCLE HOFFMAN ESTATES, IL 60169	PROF CONSULTANT	203,750
CALIBRE CPA GROUP PLLC 1850 K STREET NW WASHINGTON, DC 20006	ACCOUNTING	178,615
MultiEmployercom Inc 1711-B Martin Luther King Jr Way Berkeley, CA 94709	Prof CONSULTANT	129,000

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶5

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues . . . . .	1b					
	c	Fundraising events . . . . .	1c					
	d	Related organizations . . . .	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f					
	g	Noncash contributions included in lines 1a-1f \$ _____						
	h	Total. Add lines 1a-1f . . . . .						
Program Service Revenue			Business Code					
	2a	DUES _____		33,238,370	33,238,370			
	b	_____						
	c	_____						
	d	_____						
	e	_____						
	f	All other program service revenue						
	g	Total. Add lines 2a-2f . . . . .			33,238,370			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . .			253,538		253,538	
	4	Income from investment of tax-exempt bond proceeds . . .						
	5	Royalties . . . . .			269,142		269,142	
	6a			(i) Real	(ii) Personal			
		Gross Rents		8,344,806				
		b	Less rental expenses	7,715,989				
		c	Rental income or (loss)	628,817				
	d	Net rental income or (loss) . . . . .			628,817		628,817	
	7a			(i) Securities	(ii) Other			
		Gross amount from sales of assets other than inventory						
		b	Less cost or other basis and sales expenses		1,657			
		c	Gain or (loss)		-1,657			
	d	Net gain or (loss) . . . . .			-1,657		-1,657	
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .		a				
		b	Less direct expenses . . . . .	b				
		c	Net income or (loss) from fundraising events . . .					
	9a	Gross income from gaming activities See Part IV, line 19 . . . . .		a				
		b	Less direct expenses . . . . .	b				
		c	Net income or (loss) from gaming activities . . .					
	10a	Gross sales of inventory, less returns and allowances . . . . .		a				
b		Less cost of goods sold . . . . .	b					
c		Net income or (loss) from sales of inventory . . .			44,014	44,014		
Miscellaneous Revenue		Business Code						
11a	REIMB FROM REL PARTIE _____			7,432,937	7,432,937			
b	CURRENCY TRANSLATION _____			148,747	148,747			
c	_____							
d	All other revenue . . . . .							
e	Total. Add lines 11a-11d . . . . .			7,581,684				
12	Total revenue. See Instructions . . . . .			42,013,908	40,864,068	0	1,149,840	

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).					
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	1,570,362			
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	156,098			
4	Benefits paid to or for members	2,326,503			
5	Compensation of current officers, directors, trustees, and key employees . . . . .	2,779,610			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
7	Other salaries and wages	13,930,556			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	3,652,430			
9	Other employee benefits . . . . .	3,324,413			
10	Payroll taxes . . . . .	1,124,308			
11	Fees for services (non-employees)				
a	Management . . . . .				
b	Legal . . . . .	380,923			
c	Accounting . . . . .	178,615			
d	Lobbying . . . . .	36,000			
e	Professional fundraising See Part IV, line 17 . . . . .				
f	Investment management fees . . . . .				
g	Other . . . . .	1,806,102			
12	Advertising and promotion . . . . .				
13	Office expenses . . . . .	764,298			
14	Information technology . . . . .				
15	Royalties . . . . .				
16	Occupancy . . . . .	3,242,456			
17	Travel . . . . .	3,056,126			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19	Conferences, conventions, and meetings . . . . .				
20	Interest . . . . .				
21	Payments to affiliates . . . . .	1,951,396			
22	Depreciation, depletion, and amortization . . . . .	560,803			
23	Insurance . . . . .	306,040			
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
a	REAL ESTATE AND PERSONA	729,756			
b	OTHER CONTRIBUTIONS	338,481			
c	TEMPORARY HELP & REIMBU	170,397			
d					
e					
f	All other expenses	1,916,747			
25	Total functional expenses. Add lines 1 through 24f	44,302,420			
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing . . . . .			1,186,587	1	573,719
	2	Savings and temporary cash investments . . . . .			28,417,479	2	23,701,621
	3	Pledges and grants receivable, net . . . . .				3	
	4	Accounts receivable, net . . . . .			5,541,806	4	5,237,540
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L . . . . .				6	
	7	Notes and loans receivable, net . . . . .			110,527	7	109,529
	8	Inventories for sale or use . . . . .			491,649	8	476,425
	9	Prepaid expenses and deferred charges . . . . .			966,888	9	503,967
	10a	Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D . . . . .	10a	75,283,722			
	b	Less accumulated depreciation . . . . .	10b	10,884,639	66,303,173	10c	64,399,083
	11	Investments—publicly traded securities . . . . .			3,411,114	11	8,561,129
	12	Investments—other securities. See Part IV, line 11 . . . . .			1,421,596	12	864,110
	13	Investments—program-related. See Part IV, line 11 . . . . .				13	
	14	Intangible assets . . . . .				14	
	15	Other assets. See Part IV, line 11 . . . . .			147,622	15	57,478
	16	Total assets. Add lines 1 through 15 (must equal line 34) . . . . .			107,998,441	16	104,484,601
Liabilities	17	Accounts payable and accrued expenses . . . . .			3,816,616	17	3,423,801
	18	Grants payable . . . . .				18	
	19	Deferred revenue . . . . .			322,392	19	327,180
	20	Tax-exempt bond liabilities . . . . .				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .				22	
	23	Secured mortgages and notes payable to unrelated third parties . . . . .			41,715,694	23	40,884,669
	24	Unsecured notes and loans payable to unrelated third parties . . . . .				24	
	25	Other liabilities. Complete Part X of Schedule D . . . . .			11,675	25	4,637,097
	26	Total liabilities. Add lines 17 through 25 . . . . .			45,866,377	26	49,272,747
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets . . . . .			62,132,064	27	55,211,854
	28	Temporarily restricted net assets . . . . .				28	
	29	Permanently restricted net assets . . . . .				29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds . . . . .				30	
	31	Paid-in or capital surplus, or land, building or equipment fund . . . . .				31	
	32	Retained earnings, endowment, accumulated income, or other funds . . . . .				32	
	33	Total net assets or fund balances . . . . .			62,132,064	33	55,211,854
	34	Total liabilities and net assets/fund balances . . . . .			107,998,441	34	104,484,601

**Part XI Financial Statements and Reporting**

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? . . .		No
<b>b</b> Were the organization's financial statements audited by an independent accountant? . . . . .	Yes	
<b>c</b> If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O . . . .	Yes	
<b>d</b> If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .		No
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . . .		

SCHEDULE D  
(Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

<b>Name of the organization</b> INTERNATIONAL UNION OF BRICKLAYERS & ALLIED CRAFTWORKERS	<b>Employer identification number</b>  53-0038250
--	---

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Part II

Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1	Purpose(s) of conservation easements held by the organization (check all that apply) <div><input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure) <input type="checkbox"/> Preservation of an historically importantly land area</div> <div><input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure</div> <div><input type="checkbox"/> Preservation of open space</div>											
2	Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year											
		<table><tr><td></td><td>Held at the End of the Year</td></tr><tr><td>a</td><td>Total number of conservation easements</td></tr><tr><td>b</td><td>Total acreage restricted by conservation easements</td></tr><tr><td>c</td><td>Number of conservation easements on a certified historic structure included in (a)</td></tr><tr><td>d</td><td>Number of conservation easements included in (c) acquired after 8/17/06</td></tr></table>		Held at the End of the Year	a	Total number of conservation easements	b	Total acreage restricted by conservation easements	c	Number of conservation easements on a certified historic structure included in (a)	d	Number of conservation easements included in (c) acquired after 8/17/06
	Held at the End of the Year											
a	Total number of conservation easements											
b	Total acreage restricted by conservation easements											
c	Number of conservation easements on a certified historic structure included in (a)											
d	Number of conservation easements included in (c) acquired after 8/17/06											
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____											
4	Number of states where property subject to conservation easement is located ▶ _____											
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>											
6	Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____											
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____											
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>											
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements											

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a	If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items	
b	If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items	
	(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
	(ii) Assets included in Form 990, Part X	▶ \$ _____
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items	
a	Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b	Assets included in Form 990, Part X	▶ \$ _____

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance . . . . .				
b	Contributions . . . . .				
c	Investment earnings or losses . . . . .				
d	Grants or scholarships . . . . .				
e	Other expenditures for facilities and programs . . . . .				
f	Administrative expenses . . . . .				
g	End of year balance . . . . .				

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ %

b

Permanent endowment ▶ %

c

Term endowment ▶ %

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations . . . . .

(ii) related organizations . . . . .

3a(i)

3a(ii)

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

3b

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .		14,508,883		14,508,883
b Buildings . . . . .		43,390,699	3,140,819	40,249,880
c Leasehold improvements . . . . .		9,362,925	1,272,149	8,090,776
d Equipment . . . . .		2,941,394	1,665,487	1,275,907
e Other . . . . .		5,079,821	4,806,184	273,637
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . . ▶				64,399,083





Part XI

Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	42,013,908
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	44,302,420
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-2,288,512
4	Net unrealized gains (losses) on investments	4	3,329,904
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	-7,961,602
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-4,631,698
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-6,920,210

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements . . . . .	1	42,235,042
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments . . . . .	2a	3,329,904
b	Donated services and use of facilities . . . . .	2b	
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	7,738,578
e	Add lines 2a through 2d . . . . .	2e	11,068,482
3	Subtract line 2e from line 1 . . . . .	3	31,166,560
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b	Other (Describe in Part XIV) . . . . .	4b	10,847,348
c	Add lines 4a and 4b . . . . .	4c	10,847,348
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . .	5	42,013,908

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements . . . . .	1	41,463,391
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities . . . . .	2a	
b	Prior year adjustments . . . . .	2b	
c	Other losses . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	8,008,319
e	Add lines 2a through 2d . . . . .	2e	8,008,319
3	Subtract line 2e from line 1 . . . . .	3	33,455,072
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b	Other (Describe in Part XIV) . . . . .	4b	10,847,348
c	Add lines 4a and 4b . . . . .	4c	10,847,348
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . .	5	44,302,420

Part XIV

Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
Part XII, Line 2d - Other Adjustments		RENTAL expenses income from consolidated entities
Part XII, Line 4b - Other Adjustments		ALLOCATIONS TO RELATED PARTIES SALES PROGRAM intercompany elimination
Part XIII, Line 2d - Other Adjustments		rental expenses expenses from consolidated entities
Part XIII, Line 4b - Other Adjustments		ALLOCATIONS TO RELATED PARTIES SALES PROGRAM intercompany elimination

OMB No 1545-0047

**Open to Public  
Inspection**

53-0038250

**3** Activities per Region (Use Schedule F-1 (Form 990) if additional space is needed )

**Schedule F (Form 990) 2009**

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 . . . . . ☒

Use Schedule F-1 (Form 990) if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			NORTH AMERICA	ORGANIZING ASSITANCE	24,700	check			
			NORTH AMERICA	ORGANIZING ASSITANCE	98,898	check			
			NoRTH AMERICA	ORGANIZING ASSISTANCE	32,500	CHECK			

2

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . .

3

Enter total number of other organizations or entities . . . . .

**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.  
Use Schedule F-1 (Form 990) if additional space is needed.

[illegible]

Complete this part to provide the information required in Part I, line 2, and any additional information.

[illegible]

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Grants and Other Assistance to Organizations,  
Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990

OMB No 1545-0047

2009

Open to Public  
Inspection

Name of the organization  
INTERNATIONAL UNION OF BRICKLAYERS &  
ALLIED CRAFTWORKERS

Employer identification number  
53-0038250

Part I General Information on Grants and Assistance

1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .

Yes

No

2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ▶

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2

Enter total number of section 501(c)(3) and government organizations . . . . .

3

Enter total number of other organizations . . . . .

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 50055P

Schedule I (Form 990) 2009

**Part III** **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

**Part IV** **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

[illegible]

Software ID:

Software Version:

EIN: 53-0038250

Name: INTERNATIONAL UNION OF BRICKLAYERS &  
ALLIED CRAFTWORKERS

## Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Alliance for Health Reform Dinner 1444 Eye Street NW Suite 910 Washington, DC 20005	52-1746328		5,000				2009 Contrib - Alliance Health Reform
Economic Policy Institute 1333 H Street NW Washington, DC 20005	52-1071723		5,000				2009 Contribution for EFCA
Georgia Stand-Up 501 Pulliam Street SW Suite 500 Atlanta, GA 30312			5,000				2009 Contribution-Georgia Organizing
NIAF 1860 19th Street NW Washington, DC 20009			5,000				34th Anniversary Gala Awards
Sons of Italy Foundation 219 E Street NE Washington, DC 20002			5,000				21st Annual NELA Gala
TCAA 10434 Indiana Ave Kansas City, MO 64137			5,000				2009 TCAA Convention Banquet Sponsor
CBTU Scholarship Fund PO Box 66268 Washington, DC 20035			5,800				2009 BENEFIT/GOLF RECEPTIONS
National Building Museum 401 F Street NW Jefferson City, MO 65101	52-2198735		5,000				CONTRIBUTOR LEVEL-TABLE OF 8 FOR GALA
United Way of the National Capital Area 8391 Old Court House Rd Washington, DC 20009			5,000				Treasury Gift-2009
Starlight Starbright Children's 1054 31ST STREET NW WASHINGTON, DC 20007			7,500				10TH ANNUAL TASTE OF THE STARS



Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Blueprint for Cure815 16th Street NW Suite 600 Washington, DC 20002	59-1361955		9,000				2009 Labor of Love Tournament
The American Ireland Fund 5910 Gloster Road Washington, DC 20004	20-4898661		10,700				2009 SPONSORSHIP
Catholics United1730 Rhode Island Ave NW New York, NY 10017			10,000				2009 SUPPORT FOR EFCA
The Labor Heritage Foundation815 16th Street NW New York, NY 10022	34-2032314		10,000				Benefactor Sponsor-'09 Labor Dinner
LULAC National Convention 2000 L Street NW Suite 610 Washington, DC 20036			10,000				2009 LULAC Convention
Workers Independent News 520 University Ave Suite 320 Madison, WI 53703			10,000				2009 LABOR FOCUSED NATL RADIO NEWS SVC
Maryland International Soccer406 Branch Drive Silver Spring, MD 20901	43-1717152		15,000				Sponsorship-2009 MISL
National Democratic Institute2030 M Street NW Washington, DC 20036			5,000				2009 CONTRIBUTOR-NDI 25TH ANNI DINNER
St Louis Rams FootballOne Rams Way Saint Louis, MO 63045			15,000				Charter Members-01MO&18MO
DC Friends of IrelandPO BOX 55 Washington, DC 20001	52-2315220		14,300				2009 SPONSORSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LCLAA888 16th Street NW Suite 640 Washington, DC 20006	04-3706385		10,000				2009 GRANT
National Merit Scholarship Corporation1560 Sherman Ave Suite 200 Evanston, IL 60201			24,620				Harry Bates Merit Scholarship-2009/10
US Hispanic LeaderSHIP INST431 S Dearborn Street Chicago, IL 60605			10,000				2TH ANN NATL CONF
American Rights at Work 1100 17th Street NW Suite 950 Washington, DC 20036			25,000				2009 AMERICAN RIGHTS TO WORK
Theodore Roosevelt ConservPartnership555 11th Street NW - 6th Floor Washington, DC 20004			51,000				2009 SPONSORSHIP
National Labor College10000 New Hampshire Avenue Silver Spring, MD 20903			10,000				SPONSOR-NLC 40TH ANNIV CELEB 07/28/09
BAC Local 032601 East Monroe Street Phoenix, AZ 85034			69,305				ORGANIZING ASSISTANCE
BAC Local 06 LAMSAL1108 Springhill Avenue Mobile, AL 36604			202,070				ORGANIZING ASSISTANCE
BAC Local 3 Eastern MA550 Medford Street Boston, MA 02129			226,609				ORGANIZING ASSISTANCE
BAC Local 05212 NE 27th Street Oklahoma City, OK 73105			250,276				ORGANIZING ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AFL-CIO SECRETARY TREASURER815 16th Street NW Washington, DC 20006	20-0685396		189,841				2009 SPONSORSHIP
AMERICA'S AGENDA HEALTH CARE FOR ALL 1301 K STREET NW WASHINGTON, DC 20005			25,000				AMERICA'S AGENDA 2009
ASIAN PACIFIC AMERICAN LABOR ALLIANCE815 16th Street NW Washington, DC 20006	60-0925634		5,000				SUPPORTER LEVEL-10TH BIENNIAL CONV
BAC LOCAL 7 CO5201 E 38TH AVE DENVER, CO 80207			79,029				ORGANIZING ASSISTANCE
BANK OF AMERICA1000 W TEMPLE STREET LOS ANGELES, CA 90012			46,000				2009 INT'L APPR CONTEST PRIZES-EE SAVING
REY FRANCISCO BARRIOS 2202 GALVESTON AVE C SAN JOSE, CA 95122			5,000				2009 APPRENTICE CONTEST 1ST PRIZE WINNER
BUILDING & CONSTRUCTION TRADES DEPT AFL815 16TH STREET NW SUITE 600 Washington, DC 20006	13-5562186		10,000				2009 CONTRIBUTIONS
THE CAMPAIGN FOR AMERICA'S FUTURE1825 K STREET NW WASHINGTON, DC 20006			5,000				SILVER SPONSOR-AWARDS GALA DINNER
CATHOLICS IN ALLIANCE 1730 Rhode Island Ave NW Washington, DC 20036			25,000				COMMON GOOD CIRLE 2009
CATHOLIC GUARDIAN SOCIETY & HOME BUREAU 13251325 SIXTH AVE 27TH FLOOR NEW York, NY 10019			7,000				24TH ANNUAL PEACE AWARD

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INTERNATIONAL LABOR MANAGEMENT ALLIANCE 193-B MAIN STREET ANNAPOLIS, MD 21401	20-4623032		25,000				2009 CONTRIBUTIONS
INTERNATIONAL TROWEL TRADES COUNCIL 620 F STREET NW WASHINGTON, DC 20004	52-1801011		20,400				2009 CONTRIBUTIONS
JOHN F KENNEDY LIBRARY FOUNDATION COLUMBIA POINT BOSTON, MA 02125	07-3680426		5,000				21ST ANNUAL MAY DINNER
CHRISTOS KATECHIS 704 HOLLYWOOD AVENUE BRONX, NY 10465			5,000				2009 APPRENTICE CONTEST 1ST PRIZE WINNER
RAY T LOWDEN III 31 LOWDEN LANE AMITY, PA 15311	19-1660706		5,000				2009 APPRENTICE CONTEST 1ST PRIZE WINNER
DANIEL MCINERNEY 4 KIMBALL COURT APT G1 WOBURN, MA 01801	02-6720941		5,000				2009 APPRENTICE CONTEST 1ST PRIZE WINNER
NMAPC INC 1501 LEE HIGHWAY SUITE 202 ARLINGTON, VA 22209	53-5576572		6,000				2009 SPONSORSHIP
NIKOLAJS PASTUHOV 5634 L PLACE SE AUBURN, WA 98002			5,000				2009 APPRENTICE CONTEST 1ST PRIZE WINNER
MICHAEL P SELL SR 810 MAIN STREET NORTHAMPTON, PA 18067	20-3689611		5,000				2009 APPRENTICE CONTEST 1ST PRIZE WINNER
SHAKESPEARE THEATRE 516 8TH STREET SE WASHINGTON, DC 20003			17,500				BENEFACTOR LEVEL SPONSOR

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JESSE J STEGERW5915 COUNTY ROAD F BROWNSVILLE, WI 53006	39-6885056		5,000				2009 APPRENTICE CONTEST 1ST PRIZE WINNER
TEEU STRIKE FUND815 16th Street NW Washington, DC 20006	28-2925742		10,000				CONTRIB TO DEFRAY COSTS DURING STRIKE
DARREN TOBOLT8801 E CR 12 BLOOMVILLE, OH 44818			5,000				2009 APPRENTICE CONTEST 1ST PRIZE WINNER
VIETNAM VETERANS OF AMERICA8605 CAMERON STREET SUITE 400 SILVER SPing, MD 20910			5,000				HALF PG AD-30TH ANNIV BOOK
WORKERS DEFENSE LEAGUE INC275 SEVENTH AVENUE New York, NY 10001			8,400				73RD ANNIV DINNER HONORING JJF

Schedule J  
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization

INTERNATIONAL UNION OF BRICKLAYERS & ALLIED CRAFTWORKERS

Employer identification number

53-0038250

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <div><div><input checked="" type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input checked="" type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	Yes
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. <div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:		
a	Receive a severance payment or change-of-control payment?	4a	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a	The organization?	5a	
b	Any related organization?	5b	
	If "Yes," to line 5a or 5b, describe in Part III		
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a	The organization?	6a	
b	Any related organization?	6b	
	If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

Part II

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
JOHN J FLYNN	(i) (ii)	290,281		24,330	59,800	78,376	452,787	
JAMES BOLAND	(i) (ii)	265,296		15,357	59,800	71,630	412,083	
KEN LAMBERT	(i) (ii)	240,314		8,652	59,800	64,885	373,651	
HENRY KRAMER	(i) (ii)	240,314		6,191	59,800	64,885	371,190	
GERARD SCARANO	(i) (ii)	240,314		9,128	59,800	64,885	374,127	
RAYMOND KEEN	(i) (ii)	154,761		40,270	40,238	27,857	263,126	
BRIDGET O'CONNOR	(i) (ii)	194,136		462	50,475	34,945	280,018	
MICHAEL SPARROUGH	(i) (ii)	196,421		6,954	51,069	35,356	289,800	
DONALD NEWTON	(i) (ii)	137,554		22,146	35,764	24,760	220,224	
EILEEN BETIT	(i) (ii)	151,125		3,586	39,293	27,203	221,207	
WILLIAM NIX	(i) (ii)	145,621		1,126	37,861	26,212	210,820	
JENNIFER PENOSO	(i) (ii)	181,197		562	47,111	32,615	261,485	
TOM TINDALL	(i) (ii)	168,716		1,538	43,866	30,369	244,489	

Part III

Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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SCHEDULE O  
(Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990.

Name of the organization INTERNATIONAL UNION OF BRICKLAYERS & ALLIED CRAFTWORKERS	Employer identification number  53-0038250
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Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		THE ORGANIZATION HAS MEMBERS
Form 990, Part VI, Section A, line 7a		International Union Officers are elected by delegates to Conventions held every five years. The delegates themselves are elected by secret ballot vote of members. There are categories of membership related to the level of active work at the trade. Those membership categories are generally not relevant to voting rights, except that apprentice members may vote only if their local union constitution so provides. There are no classes of membership, per se.
Form 990, Part VI, Section A, line 7b		Certain actions of the IU Executive Board are subject to review by the IU Convention, which is held every five years. The Convention is comprised of delegates elected by secret ballot vote of the members of local unions and other affiliates. The number of delegates to which an affiliate is entitled depends on the membership strength of the affiliate. Appointments by the IU Executive Board of At-Large Executive Council members require approval of the Convention. Appeals from internal union disciplinary trials and changes to the International Union By-Laws (Codes) are subject to reversal by the Convention, but do not require affirmative approval. Voting rights of delegates are generally one delegate, one vote, unless a vote by local unions is called for a particular matter by the Convention Chair or 30% of the delegates. In a vote by local unions, the voting is by membership strength of the local union divided equally among the delegates from that local union present for the vote.
Form 990, Part VI, Section B, line 11		The Form 990 is drafted through a collaborative effort of the Organization's financial, legal and operations professionals. The draft is presented to and reviewed by the Organization's Budget Committee of the Executive Board. The Form is then finalized and submitted.
Form 990, Part VI, Section B, line 12c		IN ADDITION TO INTERNAL CONTROL, THE OFFICER AND EMPLOYEES OF THE ORGANIZATION ARE REQUIRED TO FILE US DEPARTMENT OF LABOR FORM LM-30 DISCLOSING ACTUAL AND POTENTIAL CONFLICTS OF INTEREST.
Form 990, Part VI, Section B, line 15		SALARIES OF OFFICERS ARE SET BY DEMOCRATICALLY ELECTED DELEGATES TO THE ORGANIZATION'S CONVENTIONS, WHICH IS HELD EVERY 5 YEARS. SALARIES OF KEY EMPLOYEES ARE SET BY A BUDGET COMMITTEE MADE UP OF OFFICERS AND KEY FINANCIAL STAFF.
Form 990, Part VI, Section C, line 19		THE ORGANIZATION PROVIDES COPIES OF ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS TO THE PUBLIC UPON REQUEST AS REQUIRED BY LAW.
FORM 990, PARX XI LINE 2C		The process has not changed from the prior year.

Identifier	Return Reference	Explanation
FORM 990, PART I, LINE 1 & PART III LINE 1		TO ORGANIZE ALL WORKERS FOR THE ECONOMIC, MORAL AND SOCIAL ADVANCEMENT OF THEIR CONDITION AND STATUS

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

**Name of the organization**  
INTERNATIONAL UNION OF BRICKLAYERS &  
ALLIED CRAFTWORKERS

**Employer identification number**  
53-0038250

Part I

Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
BAC F STREET LLC 620 F STREET NW WASHINGTON, DC 20004 20-2258978	HOLDS TITLE TO RENTAL PROPERTY	DC	4,007,575	65,277,550	N/A
BAC BOWIE LLC 620 F STREET NW WASHINGTON, DC 20004 20-2587139	HOLDS TITLE TO PROPERTY IN MARYLAND	DC	-56,970	1,998,507	N/A

Part II

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
See Additional Data Table					

Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprrtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
TROWEL TRADES INDUSTRY INSURANCE COMPANY PO BOX 1687 BURLINGTON, VT05402 26-1198625	INSURING WORKERS COMPENSATION FOR UNION SIGNATORY CONTRATORS	VT	N/A	C	-280,317	292,999	100 000 %

Schedule R (Form 990) 2009

Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

1

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a

Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to other organization(s)

c

Gift, grant, or capital contribution from other organization(s)

d

Loans or loan guarantees to or for other organization(s)

e

Loans or loan guarantees by other organization(s)

f

Sale of assets to other organization(s)

g

Purchase of assets from other organization(s)

h

Exchange of assets

i

Lease of facilities, equipment, or other assets to other organization(s)

j

Lease of facilities, equipment, or other assets from other organization(s)

k

Performance of services or membership or fundraising solicitations for other organization(s)

l

Performance of services or membership or fundraising solicitations by other organization(s)

m

Sharing of facilities, equipment, mailing lists, or other assets

n

Sharing of paid employees

o

Reimbursement paid to other organization for expenses

p

Reimbursement paid by other organization for expenses

q

Other transfer of cash or property to other organization(s)

r

Other transfer of cash or property from other organization(s)

Yes

No

1a

No

1b

No

1c

No

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

No

1m

No

1n

No

1o

No

1p

Yes

1q

No

1r

No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)	BRICKLAYERS AND TROWEL TRADES INTERNATIONAL PENSION FUND	P	3,027,278
(2)	LOCAL UNION OFFICERS AND EMPLOYEES PENSION FUND	P	123,483
(3)	SALARIED EMPLOYEES PENSION FUND	P	152,333
(4)	INTERNATIONAL MASONRY INSTITUTE	P	3,097,012
(5)	BRICKLAYERS INTERNATIONAL HEALTH FUND	P	790,874
(6)	BAC FLEXIBLE BENEFITS PLAN	P	7,876

Schedule R (Form 990) 2009

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Software ID:

Software Version:

EIN: 53-0038250

Name: INTERNATIONAL UNION OF BRICKLAYERS & ALLIED CRAFTWORKERS

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity
BAC DISASTER RELIEF FUND INC  620 F STREET NW WASHINGTON, DC20004 20-3437085	TO PROVIDE ASSISTANCE TO MEMBERS AND FAMILIES WHO ARE VICTIMS OF DISASTERS	DC	SECTION 501(C)(3)	509(a)(1)	N/A
SALARIED EMPLOYEES PENSION FUND  620 F STREET NW WASHINGTON, DC20004 52-6034193	PENSION FUND	DC	SECTION 501(A)		N/A
LOCAL UNION OFFICERS AND EMPLOYEES PENSION FUND  620 F STREET NW WASHINGTON, DC20004 52-6101417	PENSION FUND	DC	SECTION 501(A)		N/A
BRICKLAYERS AND TROWEL TRADES INTERNATIONAL PENSION FUND  620 F STREET NW WASHINGTON, DC20004 52-6127746	PENSION FUND	DC	SECTION 501(A)		N/A
BRICKLAYERS INTERNATIONAL HEALTH FUND  620 F STREET NW WASHINGTON, DC20004 52-6397805	HEALTH AND WELFARE FUND	DC	sECTION 501(c)(9)		N/A
BAC FLEXIBLE BENEFITS PLAN  620 F STREET NW WASHINGTON, DC20004 52-2107019	EMPLOYEE BENEFITS FUND	DC	SECTION 501(C)(9)		N/A
BAC STAFF 401(K) PLAN  620 F STREET NW WASHINGTON, DC20004 53-0038250	PENSION FUND	DC	501(A)		N/A
INTERNATIONAL MASONRY INSTITUTE  42 EAST STREET ANNAPOLIS, MD21401 52-0907999	LABOR/ MANAGEMENT TRUST FUND	DC	501(C)(6)		N/A
INTERNATIONAL MASONRY FOUNDATION  42 EAST STREET ANNAPOLIS, MD21401 52-1826985	ESTABLISH LIBRARY DEDICATED TO THE MASONRY FIELD	DC	501(C)(3)	509(a)(1)	N/A

Form 990, Schedule R, Part V - Transactions With Related Organizations

<b>(a)</b> Name of other organization		<b>(b)</b> Transaction type(a-r)	<b>(c)</b> Amount Involved (\$)
<b>(1)</b>	BRICKLAYERS AND TROWEL TRADES INTERNATIONAL PENSION FUND	P	3,027,278
<b>(2)</b>	LOCAL UNION OFFICERS AND EMPLOYEES PENSION FUND	P	123,483
<b>(3)</b>	SALARIED EMPLOYEES PENSION FUND	P	152,333
<b>(4)</b>	INTERNATIONAL MASONRY INSTITUTE	P	3,097,012
<b>(5)</b>	BRICKLAYERS INTERNATIONAL HEALTH FUND	P	790,874
<b>(6)</b>	BAC FLEXIBLE BENEFITS PLAN	P	7,876